STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155224	A. BUILDING 00 B. WING	07/24/2012

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COLUMBIA HEALTHCARE CENTER	621 W COLUMBIA ST EVANSVILLE, IN 47710

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F0000	This visit was for the Investigation of Complaint IN00110585 and Complaint IN00112766. Complaint IN00110585- Unsubstantiated, due to lack of evidence. Complaint IN00112766- Substantiated, Federal/State deficiencies related to the allegations are cited at F221 and F279. Survey dates: July 23 and 24, 2012 Facility number: 000129 Provider number: 155224 AIM number: 100266780 Survey team: Anne Marie Crays, RN Census bed type: SNF/NF: 156 Total: 156 Census payor type: Medicare: 32 Medicaid: 101 Other: 23 Total: 156 Sample: 7	F0000	The creation and submission of this plan does not constitute an admission by the provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully request that the 2567 Plan of Correction be considered the letter of credible allegation and request a post certification desk review in lieu of a post survey revisit on or after August 17, 2012.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on July 30, 2012 by Bev Faulkner, RN			

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F0221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. Based on observation, interview and record review, the facility failed to ensure restraints were utilized as the least restrictive device for fall prevention, for 1 of 2 residents reviewed for restraints, in a sample of 7. Resident E Findings include: 1. On 7/23/12 at 10:30 P.M., during the initial tour, LPN # 1 indicated Resident E had recently fallen. On 7/24/12 at 9:35 A.M., Resident E was observed propelling himself in a wheelchair. A seatbelt restraint was attached across his lower waist. On 7/24/12 at 2:00 P.M., the clinical record of Resident E was reviewed. Diagnoses included, but were not limited to, Dementia with behavioral disturbance. A Minimum Data Set [MDS] assessment, dated 5/7/12, indicated the resident had a short-term and long-term memory problem, required total dependence on two+ staff for transfer, did not ambulate,	F0221	Right to be free from physical restraints **Policy:It is the policy of the facility to prohibit the use of physical restraints, including side rails, for the purpose of discipline or convenience. Restraint use will be considerd only after less restrictive measures have failed anf the interdisciplinary team determines that they are needed to treat resident medical symptoms. What corrective action will be accomplished for those residents found to have been affected by the deficient practice?Resident E has been reviewed by the IDT team and succesful restraint reduction program in place. Currently effectively utilizing pull tab alarm as safety device.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Interdiscipinary team has reviewed all residents currently utilizing safety measures that have the potential to be considered restraints to determine if policy is properly**	08/17/2012

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	and had not had any falls in the previous 180 days. An Event Report, dated 7/22/12 at 10:40 P.M., indicated, "...Was fall witnessed, No, Describe what the resident was doing prior to the fall: resident was wandering the halls in his w/c [wheelchair] trying to go to bed. Describe the condition of the resident when first observed after fall: lying on back with knees bent...Describe location of the fall: at the end of 2200 hallway...Resident or witness statement of how fall occurred: trying to go to bed...." A Progress Note, dated 7/22/12 at 10:44 P.M., indicated, "Resident was found on floor at the end of 2200 hall, lying on back...Pull tab alarm added to w/c. After several questions, resident stated he was going to bed...." A Progress Note, dated 7/23/12 at 10:40 A.M., indicated, "IDT [interdisciplinary team] fall review: Resident with an unwitnessed fall from bed on 7/22/12 at 1:23 a.m. Resident was rolling w/c down 2200 hall, attempted to stand unassisted, fell to floor...Resident did state he was trying to go to bed...New intervention: Front release alarming buckle belt to w/c to increase safety and positioning. Therapy recently d/c'd rear fastening restraint belt upon successful trials...In		**implemented in each case. What measure will be put in place to ensure that the deficient practice does not recur?Interdisciplinary Team will meet weekly x4 to review each restraint and care plan to ensure strict adherence to all policies.IDT team will meet monthly thereafter and review attempts to eliminate or reduce restraints in use and ensure the least restrictive device is implemented and current device is appropriate to manage medical symptoms.All restraints have been reviewed by the IDT team and calloboration with line staff to ensure the least restrictive device to manage medical symptoms has been implemented and care planned Nurse consultant will provide inservice training to IDT team to promote thourough understanding of all aspects of policy on August 13th.Staff development coordinator and Rehabilitation services manager will educated nursing, therapy and activities staff on proper use and monitoring of restraints on August 14th and 16th. C.N.A. assignment sheets have been updated to reflect current care plans.DNS or designated representative will be notified prior to the intiation of any restraint.**What quality	

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	result from new fall from w/c IDT determines that restraint belt will benefit residents [sic] quality of life and safety...." A Physician's order, dated 7/23/12, indicated, "Resident to have alarming buckle belt device to w/c R/T [related to] abnormal gait, shuffling, and early parkinsons [sic] disease. Check placement every hr [hour] for positioning, release during meal times, direct care, [and] supervised activities and every 2 hrs as needed for positioning." On 7/24/12 at 2:40 P.M., during interview, LPN # 2 indicated Resident E was unable to release the seatbelt on command, and the seatbelt was considered a restraint. On 7/24/12 at 3:00 P.M., during interview with the DON, she indicated Resident E had previously had a restraint reduction, but that it was unsuccessful related to that fall, and that is why the restraint had been put back on him. On 7/24/12 at 3:45 P.M., during the exit conference, the Therapy Manager and Executive Director indicated the restraint was initiated due to the resident's fall history. The DON indicated the restraint was used so the resident could have increased socialization. The		assurance program will be put in place?The Rehab services manager/ designee will complete a CQI audit tool weekly x 8 weeks, and quarterly thereafter.The Director of Nursing Servces / designee will review all orders and care plans and complete CQI 5x per week x 4 weeks then weekly x 4 weeks then monthly for at least 6 months. Audit tools will be reviewed monthly in CQI meeting. Compliance issues wil be addressed as they are discovered with re-education and disciplinary action as appropriate. If threashold of 95% is not met an action plan will be developed.	

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	Administrator indicated restraints were not to be used for fall prevention. 2. On 7/24/12 at 3:00 P.M., the Director of Nursing provided the current facility policy on "Physical restraints," dated 3/10. The policy included: "...Restraint use will be considered only after less restrictive measures have failed, and the interdisciplinary team determines that they are needed to treat resident(s) medical symptoms. Definition: A physical restraint is defined as any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. Physical restraints include but are limited to [sic]:...hand mitts...Using devices in conjunction with a chair, such as...belts, that the resident can not remove easily, that prevents a resident from rising...Procedure: 1. A physical restraint assessment will be completed prior to the initiation of a restraint...3. All members of the interdisciplinary team will be involved in the decision making process for use of physical restraints. 4. The resident's physician will be consulted to discuss the results of the assessment. 5. A physician's order will be obtained and will include the type, duration, frequency, and the medical condition or symptom(s)			

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	warranting the restraint use...8. A restraint release record will be initiated to document that the resident is checked every hour and released or repositioned every two hours...9. The care plan will be updated to include reason for restraint use and reduction plans...10. The resident's response to initiation of the restraint will be documented every shift for the first 3 days in the progress notes...." This federal tag relates to Complaint IN00112766. 3.1-26(o)			

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F0279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on interview and record review, the facility failed to ensure a plan of care regarding the utilization of mitt restraints was developed for 1 of 2 residents reviewed for restraints, in a sample of 7. Resident C Findings include: The clinical record of Resident C was reviewed on 7/24/12 at 12:15 A.M. The resident was readmitted to the facility on 7/6/12.	F0279	It is the policy of the facility to provide a restraint assessment and discuss results with physician and when medical symptoms indicate implement the least restrictive device appropriate to control medical symptoms. After discussion with the physician an order is required and an individualized care plan is put in place.What corrective measure will be accomplished for the resident found to have been affected by the deficient practice? Resident C has been transferred from facility with no return anticipated.How will you identify other residents having the	08/17/2012

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	A hospital transfer sheet, dated 7/6/12, indicated, "At Risk Alert...mittens so as to not pull trach/IV/foley." Admission physician orders did not include an order for mitten restraints. A Nursing Admission Assessment, dated 7/6/12 at 3:06 P.M. indicated: "...Oriented to Person...Aphasic...Neuro assessment, Upper body weakness, Lower body weakness, Right hand weakness, Left hand weakness..." A Physician's order, dated 7/9/12, indicated, "Res [resident] may utilize (B) [bilateral] mitts as least restrictive device to prevent dislodgement of life sustaining medical devices." A plan of care regarding the mitten restraints was not observed in the clinical record. Nursing progress notes indicated the resident utilized the mitt restraints on 7/9, 7/10, and 7/11/12. During interview with the Director of Nursing on 7/24/12 at 11:15 A.M., she indicated Resident C had come from the hospital on 7/6/12 with the soft mitt restraints on. The DON indicated she was informed the resident "pulled a tube out		potential to be affected by the same deficient practice and what corrective action will be taken?All care plans have been reviewed and updated for all residents with devices used to control medical symptoms. Nurse consultant has provided education to IDT team on August 13 and education has been provided by SDC/DNS to all nursing staff regarding care plans. Resident C is currently not in facilityWhat measures will be put into place to ensure that the deficient practice does not recur? DNS/designee will review new orders daily and review care plan as appropriate. DNS/MDS will monitor care plans weekly and IDT team will review implementation weekly.DNS /designee will be notified prior to the implementation of any restraint and DNS/SDC will educate nursing staff to policy on 8/14/2012 and 8/16/2012.What quality assurance program will be put in place?DNS/designee will complete CQI tool weekly x 6 weeks then monthly thereafter for at least 6 months. Findings will be brought to CQI committee monthly.A threashold of 95% will be achieved or an action plan will be developed.	

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	the first night" and so the mitts were used. The DON indicated the resident was admitted on a Friday, and so the restraint order was clarified on Monday 7/9/12. The DON indicated she had filled out an "adaptive equipment assessment" regarding the mitts. When informed there was not a restraint assessment in the computer, as was all of the other documentation, the DON indicated the adaptive equipment assessment was a paper form. The DON indicated the resident did not utilize the mitt restraints at the present time. On 7/24/12 at 11:30 A.M., the DON provided an "Adaptive Device Review," dated 7/9/12. The document included: "...Date device initiated 7-9-2012. Purpose of device: Safety device. Reason(s) for use of device: pulling @ tubes et [and] medical necessary devices [sic]. Type of device: Bilat. hand mitts. Can the resident easily remove and upon request remove the device: No (If no, proceed to restraint assessment) Does device restrict or prevent resident's freedom of movement? No. Does the device restrict normal access to their body? Yes (If yes, proceed to restraint assessment). Is the device (s) restrictive? Yes (If yes, process to restraint assessment). Medical reason for use of the device: pulling @ tubes. Physician's			

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	order: Bilat hand mitts. Rationale for continued use: life sustaining tubes and devices in place." The DON indicated at that time that she thought there may have been a physician's order written that would have had the care plan attached, but was unable to find it in the clinical record or at the physician's office. This Federal tag relates to Complaint IN00112766 3.1-35(a)			